

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7522

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 3001		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. LENGTH OF STAY (in this place) 20 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		6041	
d. FULL NAME OF HOSPITAL OR INSTITUTION 713 West Walsh				d. STREET ADDRESS (If rural, give location) 713 West Walsh 6			
3. NAME OF DECEASED (Type or Print) Alice		a. (First) b. (Middle) c. (Last) Wilson Metcalf		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Jan 8, 1871	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 13		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME William Jenkins		13b. MOTHER'S MAIDEN NAME Sarah Ann Hunt		14. NAME OF HUSBAND OR WIFE Onan Ora Metcalf			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. Virgil Metcalf Jr, Vandalia Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Flu DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4 days  480X 7/21/49	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 31, 1949, to 3/21, 1950, that I last saw the deceased alive on 3/21, 1950, and that death occurred at 10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Blair				23b. ADDRESS Vandalia Mo		23c. DATE SIGNED 3/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
DATE REC'D BY LOCAL REG. March 23, 1950		REGISTRAR'S SIGNATURE M. J. Tugue		FEDERAL DIRECTOR'S SIGNATURE W. J. Metcalf Jr		ADDRESS Vandalia, Missouri	

RECEIVED APR 1 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 4-50-5  
Date Filed APR 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm B. Gatus

Licensed Embalmer No. 4169

P. O. Address Tandaria Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.